

KU Child and Family Services Clinic

2021 Dole Human Development Center
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Lawrence, KS 66045

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Addendum to Consent for Services: INFORMED CONSENT FOR IN-PERSON SERVICES DURING COVID-19 PUBLIC HEALTH CRISIS

The threat of COVID-19 is ongoing throughout the United States. To mitigate the risk of exposure to COVID-19, our clinic has transitioned to providing most services through telehealth, which reduces the need for physical contact when delivering services. However, in some situations, in-person services may be necessary. This consent form contains important information about the decision to resume in-person services in light of the COVID-19 public health crisis. Please read this carefully and let the Clinic know if you have any questions. When you sign this document, it will represent an agreement for the type of service we will be doing.

Decision to Meet Face-to-Face

We have agreed to meet in person for some future sessions. If there is a resurgence of cases or if other health concerns arise, however, it may require that we suspend services or meet via telehealth. If you have concerns about these next steps, we will talk about it first and try to address any issues. You understand that we may determine that suspension of services or telehealth services is necessary for everyone's well-being. If you decide at any time that you would feel safer staying with, returning to, or beginning telehealth services, your clinician will respect that decision. Services will be continued via telehealth as long as it is feasible and clinically appropriate (e.g., some assessment sessions cannot be conducted via telehealth). Additionally, you always have the right to terminate services at any time.

Risks of Opting for In-Person Services

You understand that by coming to the Clinic, you are assuming the risk of exposure to COVID-19 (or other public health risk). This risk may increase if you travel to the Clinic by public transportation, cab, or a ridesharing service.

Your Responsibility to Minimize Your Exposure

To obtain services in person, you agree to take certain precautions which will help keep everyone (you, your clinician, our families, staff, and other clients) safer from exposure, sickness and possible death. If you do not adhere to these safeguards, it may result in our starting / returning to a telehealth arrangement or referrals to other providers. Your signature below shows that you understand and agree to these actions:

- If you know that you, a member of your family, or someone that you live with has a temperature (100 Fahrenheit or more), has other symptoms of COVID-19 (listed at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>), has tested positive for COVID-19, or has had exposure to someone who has tested positive for COVID-19, you agree to cancel your appointment. If you cancel for this reason, you will not be charged a cancellation fee. An in-person meeting will be rescheduled when it is safe to do so.
- If you, a member of your family, or someone that you live with, has a job that exposes you to people who are infected by COVID-19, or you are in close contact with others outside of your household, you agree to let your clinician and our Clinic staff know before your appointment.

- You agree to limit the items that you bring to the Clinic when possible. If you or a child client need a book, video game, etc. during breaks in testing, you will bring those with you since we will not have these available in the Clinic. You agree to bring your own water bottle because water fountains for drinking will not be available in the Clinic or the building.
- You agree to limit the use of the restroom on site by having a child client use the restroom before leaving home. There is a public restroom on site that can be used as needed.
- You agree to limit the number of people that attend sessions. For child clients, only the child and one adult will attend the appointment. We are unable to accommodate children or additional adults who are not clients at this time. For adult clients, only the client should attend the appointment. If more than the expected number of people arrive to the session, the session will be rescheduled.
- You agree to make every effort to arrive at your scheduled appointment on time, no earlier than 5 minutes before the appointment time. When you arrive for your scheduled appointment, please call the clinic from your vehicle, (785) 864-4416. Your clinician will meet you outside the clinic door.
- You agree to follow KU's requirement that all individuals in your party over the age of 2 (as recommended by the CDC) will wear a mask covering your nose and mouth from the time you exit your vehicle, in all areas of the office and until you return to your vehicle. Mask type must comply with current CDC recommendations. If you or your child does not have a face covering or if your face covering does not meet CDC recommendations, one will be provided to you by the clinic. Our Clinic staff will also wear a mask at all times.
- You agree that upon arrival to the Clinic, all individuals in your party must complete a KU-required questionnaire about your present symptoms and possible exposure to COVID-19. You agree that your clinician will take the temperature of all individuals in your party. If you indicate symptoms of COVID-19 or possible exposure to COVID-19 on the questionnaire or show a temperature of 100.4 Fahrenheit or above, you will reschedule your appointment or participate in telehealth if appropriate. In addition, it will be recommended that you contact your health care provider to determine next steps related to these health symptoms.
- You agree to use the provided hand sanitizer when you arrive and throughout the session as needed.
- You agree that all members of your party will adhere to the safe distancing precautions we have set up in the waiting room and testing/therapy room. For example, you will not move chairs or sit where we have signs asking you not to sit. You agree that all members of your party will keep a distance of at least 6 feet from clinicians and staff and there will be no physical contact (e.g., no shaking hands) with your clinician or staff.
- Even if you have had the COVID-19 vaccination, you agree to follow all of the above sanitation and distancing safety measures.
- If you are bringing a child client, you agree to make sure that your child follows all of the above sanitation and distancing safety measures.

We may need to change the above precautions if additional local, state, or federal orders or guidelines are published. If that happens, we will update you about any necessary changes.

Our Commitment to Minimize Exposure

Our Clinic has taken steps to reduce the risk of spreading COVID-19 within the office and we have posted our efforts on our website and in the office. Please let your clinician know if you have questions about these efforts.

If Someone gets Sick

You understand that we are committed to keeping you, your clinician, the staff, and all of our families safe from the spread of COVID-19. If you show up for an appointment and your clinician or the office staff believe that you have a fever or other symptoms or believe you have been exposed to COVID-19, we will have to require you to leave the office immediately. We can follow up with services by telehealth as appropriate. If others in the Clinic test positive for COVID-19, local or county health officers may contact you if it is determined that you have been exposed.

Your Confidentiality in the Case of Infection

If you have tested positive for COVID-19, we may be required to disclose to local health authorities that you have been in the office. If we have to report this, we will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you are agreeing that we may do so without an additional signed release.

Informed Consent

This agreement supplements the informed consent(s) that we agreed to at the start of our work together and does not amend any of the terms of that agreement. Your signature below shows that you understand the potential risk of exposure to COVID-19 at the Clinic and that you agree with the terms and conditions and this supplemental consent and will follow the safety protocols outlined above to engage in in-person services. A copy of the General Consent for Psychological Services, Informed Consent for Telepsychology, and the Informed Consent for In-person Services During COVID-19 Public Health Crisis (the current document) are posted on our website if you need to review them.

Print Name of Client

Print Name of Guardian or Legal Representative (if client is under 18)

Signature of Client (if over 18)/Guardian or Legal Representative _____
Date

Print Name of Clinician or Witness

Signature of Clinician or Witness _____
Date